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One Hundred Fifteenth Congress U.S. House of Representatives Committee on Foreign Affairs

2170 Rayburn House Office Building Washington, DC 20515 www.foreignaffairs.house.gov

December 21, 2017

The Honorable Rex W. Tillerson Secretary U.S. Department of State 2201 C Street, N.W. Washington, D.C. 20520 The Honorable Mark Green Administrator U.S. Agency for International Development 1300 Pennsylvania Avenue, N.W. Washington, D.C. 20004

Dear Secretary Tillerson and Administrator Green,

I am writing to express my concern over reports indicating the Administration has prohibited federal agencies from using specific words and phrases in official documents. I fear that such directives will undermine health programs administered by the State Department and the U.S. Agency for International Development (USAID). To maximize the impacts of these investments, I urge you to ensure State and AID's programs rely on the latest available science, and that such science is consistently reflected in official U.S. government documents.

The U.S. government's numerous global health programs have helped to save millions of lives and strengthened America's ties with nations across the globe. One such program is the President's Emergency Plan for AIDS Relief (PEPFAR), which has been instrumental in turning the tide against HIV/AIDS worldwide. Since President George W. Bush signed PEPFAR into law, more than 13 million people have begun life-saving treatment, and 2.2 million at-risk babies have been born free of HIV.

PEPFAR's success would have been impossible without a reliance upon the latest science and evidence-based prevention and treatment methods.

The use of language that reflects the best available science is similarly important. Implementers look to the language used in U.S. government documents as a sign of our priorities. If our documents exclude the latest science and fail to promote evidence-based policies in unambiguous terms, we cannot reasonably expect patients to receive the best possible care. This could have dangerous implications for the success of U.S. government programming and, most importantly, patients' health.

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We cannot preserve the historic progress shepherded by our global health programs without adhering to current scientific consensus and clearly articulating that consensus in official documents. I urge you to reject any directives that instruct otherwise.

I look forward to your reply.

Sincerely,

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ELIOT L. ENGEL

Ranking Member

Foreign Affairs Committee